# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2006

|       | (1)<br><u>Coverage</u>   | (2) Annual Premium Volume (Illinois)*, ***   | (3)<br>Percent<br><u>Change (+ or -)**</u> |
|-------|--|--|--|
| 1.    | Automobile Liability Private Passenger Commercial  | 690,736.00   | -0.80%                                     |
| 2.    | Automobile Physical Damage Private Passenger Commercial  | 415,924.00   | -9.30%                                     |
| 3.    | Liability Other Than Auto  |  |  |
| 4.    | Burglary and Theft   |  |  |
| 5.    | Glass  |  |  |
| 6.    | Fidelity   |  |  |
| 7.    | Surety   |  |  |
| 8.    | Boiler and Machinery   |  |  |
|       | Fire   |  |  |
|       | Extended Coverage  |  |  |
|       | Inland Marine  |  |  |
| . — . | Homeowners   | · · · · · · · · · · · · · · · · · · ·  |  |
|       | Commercial Multi-Peril   |  |  |
|       | Crop Hail  |  |  |
| 15.   | Other  |  |  |
|       | Line of Insurance  |  |  |
| Doe   | es filing only apply to certain territory (t   | erritories) or certain classes? If so, specify:  | no   |
|       |  |  |  |
|       | of description of filing. (If filing follows retory reconfiguration, updated trailer factor, updated | ates of an advisory organization, specify orga ed anti-theft factors.                      | nization): Revision of base rates          |
| **C   | •  | nich will result from application of new rates.  ption date of our new program May 1, 2005 |  |
|       |  |  |  |
|       |  |  | a Financial Alliance                       |
|       |  | Nar  | me of Company                              |
|       |  | Jessica Go   | odhile - Pricing Analyst                   |
|       |  |  | Official - Title                           |

Change in Company's premium or rate level produced by rate revision effective <u>January 1, 2006</u>.

| ٠.       | (1)   |               | (2) Annual Premium        | (3)<br>Percent    |
|----------|---|---------------|---------------------------|-------------------|
| <u> </u> | overage   |               | Volume (Illinois)         | Change (+ or -)** |
| 1.       | Automobile Liability Private Passenger Commercial   |               | 24,000,000                | 1%                |
| 2.       | Automobile Physical Damage<br>Private Passenger<br>Commercial   |               | 17,000,000                | 4%                |
| 4.       | Liability Other Than Auto<br>Burglary and Theft<br>Glass  |               |                           |                   |
| 6.<br>7. | Fidelity<br>Surety  |               |                           |                   |
| 9.       | Boiler and Machinery Fire Extended Coverage   |               |                           |                   |
| 11.      | Inland Marine Homeowners  |               |                           |                   |
| 13.      | Commercial Multi-Peril Crop Hail  |               |                           |                   |
| 15.      | Worker's Compensation Other   | ,             |                           |                   |
| 10.      | Line of Insurance   | ,             |                           |                   |
|          | Does filing only apply to certain If so, Specify: NO  | = -           | rritories) or certain cl  | asses?<br>        |
|          | Brief desription of filing. (If filing specify organization): Across the  | -             |                           | anization,        |
|          | competitive analysis and loss exp   |               | ons in response to        |                   |
| <br>     | Adjusted to reflect prior rate check Change in Company's premiun result from application of new DIVISION OF INSURANCE | n level which | will                      |                   |
|          | STATE OF ILLINOIS/IDEPR   |               | Apoilo Casua<br>Name of ( | Company           |
|          | DEC 7 2005  |               | Official                  | · Title           |

SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective: 8 February 2006

|    | (1)   |                            | (2)<br>Annual Premium                   | (3)<br>Percent    |
|----|---|----------------------------|---|-------------------|
|    | Coverag   | e                          | Volume (Illinois)*                      | Change (+ or -)** |
| 1. | Automobile Liability Private Passenger          | Motorcycle<br>Liability    | [Qtr404-Qtr305 on-level]<br>\$1,530,886 | -4.0%             |
|    | Commercial                                      |                            |   |                   |
| 2. | Automobile Physical Damage<br>Private Passenger | Motorcycle<br>Phys. Damage | [Qtr404-Qtr305 on-level]<br>\$1,497,220 | -1.4%             |
|    | Commercial                                      |                            |   |                   |

- Commercial
- Liability Other Than Auto
   Burglary and Theft
- 5. Glass
- 6. Fidelity
- 7. Surety
- 8. Boiler and Machinery
- 9. Fire
- 10. Extended Coverage
- 11. Inland Marine
- 12. Homeowners
- 13. Commercial Multi-Peril
- 14. Crop Hail
- 15. Other

Line of Insurance

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adjusted symbol, class, and model year Liability factors.

Adjusted symbol, class, and cubic centimeter Physical Damage factors.

Removed Prior Program and Prior Good Rider Credits scores from the Classic program.

Adjusted the rate cap to a +/-5%.

Expanded Rider Course discount to include advanced, military, and police training courses.

Overall percent change -2.8%.

| Dairyland I | nsurance | Company |
|-------------|----------|---------|
| Name        | of Compa | ınv     |

Ross Alff - Actuarial Analyst I
Official - Title

Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

# **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective <u>January 1, 2006</u>.

| (1)<br>Covera | ane  | (2)<br>Annual Premium<br>Volume (Illinois) | (3)<br>Percent<br>Change (+ or -)** |
|---------------|--|--|-------------------------------------|
| 001010        | <u>190</u>                                 | voidine (illinois)                         | Onlinge (1. or -)                   |
| 1. Aut        | omobile Liability Private Passenger        | 1,600,000                                  | -8%                                 |
| 0 44          | Commercial                                 | <del></del>                                |                                     |
| Z. Aut        | omobile Physical Damage Private Passenger  | 700,000                                    | 20/                                 |
|               | Commercial                                 | 700,000                                    | 3%                                  |
| 3 I iai       | bility Other Than Auto                     |  |                                     |
|               | glary and Theft                            |  |                                     |
| 5. Gla        | - ·  |  | <del></del>                         |
| 6. Fide       |  |  |                                     |
| 7. Sur        | •  |  |                                     |
|               | ler and Machinery                          | <u> </u>                                   |                                     |
| 9. Fire       |  |  |                                     |
| 10. Ext       | ended Coverage                             |  |                                     |
| 11. Inla      | nd Marine                                  |  |                                     |
| 12. Hor       | neowners                                   |  |                                     |
| 13. Cor       | mmercial Multi-Peril                       |  |                                     |
| 14. Cro       | •  |  |                                     |
|               | rker's Compensation                        |  |                                     |
| 16. Oth       | er   |  |                                     |
|               | Line of Insurance                          |  |                                     |
| Das           |  | (Annuitanian) au anutain al                | 2                                   |
|               | es filing only apply to certain territor   | • '  |                                     |
| If so         | o, Specify: <u>NO</u>                      |  | <del></del>                         |
|               |  |  |                                     |
|               |  |  |                                     |
| Brie          | ef desription of filing. (If filing follow | s rates of an advisory org                 | anization,                          |
| spe           | cify organization): Across the board r     | evisions in response to                    |                                     |
| com           | petitive analysis and loss experience.     |  |                                     |
|               |  |  |                                     |
|               |  |  |                                     |
| * Adi         | usted to reflect prior rate changes.       |  |                                     |
|               | inge in Company's premium level w          | hich will                                  |                                     |
|               | ult FonDappelientier que Prates            | 1  |                                     |
|               | STATE OF ILLINOIS/IDEPR                    |  |                                     |
|               | RECEIMED                                   | Delphi Casua                               | ilty Company                        |
|               |  | Name of (                                  |                                     |
|               | DEC 7 2005                                 | 1  | •                                   |
|               |  | <u></u>                                    | - President                         |
|               | SPRINGFIELD, ILLINOIS                      | Official                                   | - Title                             |

# ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective (3) (1) Annual Premium Percent Change (+ or -)\*\* Coverage Volume (Illinois)\* 1. Automobile Liability Private 0.0% Passenger Commercial 29,909,150 2. Automobile Physical Damage 0.0% Private Passenger Commercial 28.350.582 3 Liability Other Than Auto 394,326 0.0% **Burglary and Theft** 0.0% 4. 0 0.0% 5. Glass 0 0.0% 6. Fidelity 0 0.0% 7. Surety 0 0.0% 8. Boiler and Machinery 0 9. 0 0.0% 10. Extended Coverage 0.0% 0 11. Inland Marine 2,370,962 0.0% 12. Homeowners 41,458,257 0.0% 0.0% 13. Commercial Multi-Peril 0.0% 14. Crop Hail 0 527,292 0.0% 15. Other Earthquake Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revision to Motorcycle and Recreational Vehicles Rules. \*Adjusted to reflect all prior rate changes. \*\*Change in Company's premium level which will result from application of new rates. Economy Premier Assurance Company Name of Company Martin W. Deede - Vice President Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate        | level produced by rate revision effective     | 2/1/2006                            |
|--|---|-------------------------------------|
| (1)  | (2)   | (3)                                 |
| (1)  | Annual Premium                                | Percent                             |
| Coverage                                   | Volume (Illinois)*                            | Change (+ or -)**                   |
| <del></del>                                |   | <del></del>                         |
| Automobile Liability                       |   |                                     |
| Private Passenger                          | <u> </u>                                      | 0.7%                                |
| Commercial                                 |   |                                     |
| Automobile Physical Damage                 |   |                                     |
| Private Passenger                          | \$89,843                                      | -5.7%                               |
| Commercial                                 |   |                                     |
| Liability Other Than Auto                  |   |                                     |
| Burglary and Theft                         |   |                                     |
| 5. Glass                                   |   |                                     |
| 6. Fidelity                                |   |                                     |
| 7. Surety                                  |   |                                     |
| 8. Boiler and Machinery                    |   |                                     |
| 9. Fire                                    |   |                                     |
| 10. Extended Coverage                      |   |                                     |
| 11. Inland Marine                          |   |                                     |
| 12. Homeowners                             |   |                                     |
| 13. Commercial Multi-Peril                 |   |                                     |
| 14. Crop Hail                              |   |                                     |
| 15. Other                                  |   |                                     |
| Line of Insurance                          |   |                                     |
|  |   |                                     |
|  | y (territories) or certain classes? If so, sp |                                     |
|  | 512, 532, 534, 54, 56, 582, 591, 592, 60,     | 632, 64, 84, 89 & 91 to become more |
| competitive in the market pla              | ce.   |                                     |
|  |   | 18                                  |
|  | vs rates of an advisory organization, spec    | iry organization <u>):</u>          |
| Rate Level Revision                        |   |                                     |
|  |   |                                     |
|  |   |                                     |
|  |   |                                     |
| *Adjusted to reflect all prior rate change |   | rata a                              |
| **Change in Company's premium level        | which will result from application of new     | ales.                               |
|  |   |                                     |
|  | Emagaga                                       | neuronae Company                    |
|  |   | nsurance Company<br>e of Company    |
|  | Nam   | e or Company                        |
|  |   |                                     |
|  | Dan Cauchanasur                               | Assistant Vice President            |
|  |   | er - Assistant Vice President       |
|  | Or  | ficial - Title                      |
| Page 1 of 1                                |   |                                     |

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# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| (1)   | (2)  | (3)  |
|---|--|--|
|   | Annual Premium   | Percent  |
| Coverage  | Volume (Illinois)*   | <u>Change (+ or -)**</u>                                       |
| Automobile Liability  |  |  |
| Private Passenger   | \$256,162  | 3.8%   |
| Commercial  |  |  |
| Automobile Physical Damage  |  |  |
| Private Passenger   | \$178,901  | -23.7%   |
| Commercial  |  |  |
| Liability Other Than Auto   |  |  |
| Burglary and Theft  | <u> </u>   |  |
| Glass   |  | · · · · · · · · · · · · · · · · · · ·                          |
| Fidelity  |  |  |
| Surety  | - Adding   |  |
| Boiler and Machinery  |  |  |
| Fire  |  |  |
| Extended Coverage   |  |  |
| Inland Marine   |  |  |
| Homeowners  |  |  |
| Commercial Multi-Peril  |  |  |
|   |  |  |
| Crop Hall   |  |  |
| . Crop Hail<br>Other  |  |  |
| •   |  |  |
| Other  Line of Insurance es filing only apply to certain territory following territories 52, 511, 5 competitive in the market place   |  | 632, 64, 84, 89 & 91 to become mor                             |
| Other  Line of Insurance  es filing only apply to certain territory following territories 52, 511, 5 competitive in the market place  | 512, 532, 534, 54, 56, 582, 591, 592, 60,  | 632, 64, 84, 89 & 91 to become mor                             |
| Other  Line of Insurance es filing only apply to certain territory following territories 52, 511, 5 competitive in the market place   | 512, 532, 534, 54, 56, 582, 591, 592, 60, ce.  vs rates of an advisory organization, spec  | 632, 64, 84, 89 & 91 to become mor                             |
| Other  Line of Insurance  es filing only apply to certain territory following territories 52, 511, 5 competitive in the market place of description of filing. (If filing follows)                    | 512, 532, 534, 54, 56, 582, 591, 592, 60, ce.  vs rates of an advisory organization, spec  | 632, 64, 84, 89 & 91 to become mor                             |
| Other  Line of Insurance  es filing only apply to certain territory following territories 52, 511, 5 competitive in the market place of description of filing. (If filing follow Rate Level Revision  | 512, 532, 534, 54, 56, 582, 591, 592, 60, ce.  vs rates of an advisory organization, spec  | 632, 64, 84, 89 & 91 to become mor                             |
| Other  Line of Insurance es filing only apply to certain territory following territories 52, 511, 5 competitive in the market place ef description of filing. (If filing follow Rate Level Revision   | 512, 532, 534, 54, 56, 582, 591, 592, 60, ce.  vs rates of an advisory organization, specess.  | 632, 64, 84, 89 & 91 to become mor                             |
| Other  Line of Insurance es filing only apply to certain territory following territories 52, 511, 5 competitive in the market place ef description of filing. (If filing follow Rate Level Revision   | 512, 532, 534, 54, 56, 582, 591, 592, 60, ce.  vs rates of an advisory organization, spec  | 632, 64, 84, 89 & 91 to become mor                             |
| Other  Line of Insurance es filing only apply to certain territory following territories 52, 511, 5 competitive in the market place ef description of filing. (If filing follow Rate Level Revision   | 512, 532, 534, 54, 56, 582, 591, 592, 60, ce.  vs rates of an advisory organization, specess.  | 632, 64, 84, 89 & 91 to become mor                             |
| Other  Line of Insurance  es filing only apply to certain territory following territories 52, 511, 5 competitive in the market place of description of filing. (If filing follow Rate Level Revision  | es. which will result from application of new  | 632, 64, 84, 89 & 91 to become more cify organization):        |
| Other  Line of Insurance  es filing only apply to certain territory following territories 52, 511, 5 competitive in the market place of description of filing. (If filing follow Rate Level Revision  | es. which will result from application of new  | 632, 64, 84, 89 & 91 to become more cify organization): rates. |
| Cother  Line of Insurance  es filing only apply to certain territory following territories 52, 511, 5 competitive in the market place of description of filing. (If filing follow Rate Level Revision | es. which will result from application of new  | 632, 64, 84, 89 & 91 to become mor                             |
| Other  Line of Insurance  es filing only apply to certain territory following territories 52, 511, 5 competitive in the market place of description of filing. (If filing follow Rate Level Revision  | es.  which will result from application of new  Employers Management of the state o | 632, 64, 84, 89 & 91 to become more cify organization): rates. |

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| Change in Company's premium pr<br>+\$20,100  | oduced by rate revision effec                                  | ctive 12/12/2005.                 |
|--|--|-----------------------------------|
| (1)  | (2)  | (3)                               |
| 0  | Annual Premium   | Percent                           |
| Coverage   | Volume (Illinois)*   | Change (+ or -) **                |
| Automobile Liability   |  |                                   |
| Private Passenger  | \$322,997  | +3.1%                             |
| Commercial   | <u> </u>   |                                   |
| 2. Automobile Physical Damage  |  |                                   |
| <ul> <li>Private Passenger</li> </ul>  | \$347,844  | +2.9%                             |
| <ul> <li>Commercial</li> </ul>   |  |                                   |
| 3. Liability Other Than Auto   | -  |                                   |
| 4. Burglary and Theft  |  |                                   |
| 5. Glass   |  |                                   |
| 6. Fidelity  |  |                                   |
| 7. Surety  |  | <del></del>                       |
| 8. Boiler and Machinery  |  |                                   |
| 9. Fire  |  |                                   |
| 10. Extended Coverage  |  | <del></del>                       |
| 11. Inland Marine  |  |                                   |
| 12. Homeowners   |  |                                   |
| 13. Commercial Multi-Peril   |  |                                   |
|  |  |                                   |
| 14. Crop Hail  |  |                                   |
| 15. Other -  |  |                                   |
| (Line of Insurance)  Does filing only apply to certain territory   | (territories) or certain classe                                | e? If so specify                  |
| No, the filing applies to all territorie   |  | or not opolity.                   |
| Brief description of filing. (If filing follow specify organization): Revise base rate Amend Manual Pages.     | s rates of an advisory organi<br>s. Revise rating factors. Shi | zation,<br>ift Symbol-Model Year. |
| * Reflects 2004 page 14 direct writte  ** Change in Company's premium lev result from application of new rates | el which will  |                                   |
|  |  | surance Corporation Company       |
|  |  | ctuarial Analyst                  |

## **SUMMARY SHEET**

|         |  |   | 12/01/05 New Business     |
|---------|--|---|---------------------------|
|         | Change in Company's premium or rate        | e level produced by rate revision effective   | 01/01/06 Renewal Business |
|         | (1)  | (2)   | (3)                       |
|         |  | Annual Premium                                | Percent                   |
|         | Coverage                                   | Volume (Illinois)*                            | Change (+ or -)**         |
| 1.      | Automobile Liability                       |   |                           |
|         | Private Passenger                          | \$27,855,573                                  | + .26                     |
|         | Commercial                                 | •   |                           |
| 2.      | Automobile Physical Damage                 |   |                           |
|         | Private Passenger                          | \$22,286,268                                  | -3.28                     |
|         | Commercial                                 |   |                           |
| 3.      | Liability Other Than Auto                  |   |                           |
| 4.      | Burglary and Theft                         |   |                           |
| 5.      | Glass                                      |   | 111 111 1111              |
| 6.      | Fidelity                                   |   |                           |
| 7.      | Surety                                     |   |                           |
| 8.      | Boiler and Machinery                       |   |                           |
| 9.      | Fire                                       |   |                           |
| 10.     | Extended Coverage                          |   |                           |
| 11.     | Inland Marine                              |   |                           |
| 12.     | Homeowners                                 |   |                           |
| 13.     | Commercial Multi-Peril                     |   |                           |
| 14.     | Crop Hail                                  |   |                           |
| 15.     | Other                                      |   |                           |
|         | Line of Insurance                          |   |                           |
| Does f  | iling only apply to certain territory (ter | ritories) or certain classes? If so, specify: | _NO_                      |
| Brief o | description of filing. (If filing follows: | rates of an advisory organization, specify o  | organization):            |

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

General Casualty Company of Illinois
Name of Company

Paul H. Schulte-SVP-Personal Lines Operations
Official - Title

H29219D

| (      | Change in Company's premium or rat                            | e level produced by rate revision effective      | 12-1-05 New Business          |
|--------|---|--|-------------------------------|
|        | 1-1-06 Renewal  |  |                               |
|        | (1) <u>Coverage</u>   | (2) Annual Premium Volume (Illinois)*            | (3) Percent Change (+ or -)** |
| 1.     | Automobile Liability Private Passenger Commercial             | \$360,546  | +.2                           |
| 2.     | Automobile Physical Damage<br>Private Passenger<br>Commercial | \$307,583  | -5.08                         |
| 3.     | Liability Other Than Auto                                     |  |                               |
| 4.     | Burglary and Theft  |  |                               |
| 5.     | Glass   |  |                               |
| 6.     | Fidelity  |  |                               |
| 7.     | Surety  |  |                               |
| 8.     | Boiler and Machinery  |  |                               |
| 9.     | Fire  |  |                               |
| 10.    | Extended Coverage   |  |                               |
| 11.    | Inland Marine   |  |                               |
| 12.    | Homeowners  |  |                               |
| 13.    | Commercial Multi-Peril  |  |                               |
| 14.    | Crop Hail   |  |                               |
| 15.    | Other   |  |                               |
| Does f | Line of Insurance   | erritories) or certain classes? If so, specify:_ | No                            |
| Brief  | description of filing. (If filing follows                     | s rates of an advisory organization, specify o   | organization):                |

- \* Adjusted to reflect all prior rate changes.
  \*\* Change in Company's premium level which will result from application of new rates.

General Casualty Company of Wisco Name of Company

Paul H. Schulte-SVP-Personal Lines Operations
Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate le          | evel produced by rate revision effective      | 2/1/2006   |
|---|---|--|
| (1)   | (2)   | (3)  |
| (*)   | Annual Premium                                | Percent  |
| <u>Coverage</u>                                 | Volume (Illinois)*                            | <u>Change (+ or -)**</u>                           |
| <u>ooverage</u>                                 | Volume (minolo)                               | <u>Onango (                                   </u> |
| 1. Automobile Liability                         |   |  |
| Private Passenger                               | \$1,025,401                                   | 3.3%   |
| Commercial                                      |   |  |
| 2. Automobile Physical Damage                   |   |  |
| Private Passenger                               | \$806,939                                     | -22.3%   |
| Commercial                                      |   |  |
| Liability Other Than Auto                       |   |  |
| Burglary and Theft                              |   |  |
| 5. Glass  |   | 1 <del>-111</del>                                  |
| 6. Fidelity                                     |   |  |
| 7. Surety                                       |   |  |
| 8. Boiler and Machinery                         |   |  |
| 9. Fire   |   |  |
| 10. Extended Coverage                           |   |  |
| 11. Inland Marine                               |   |  |
| 12. Homeowners                                  |   |  |
| 13. Commercial Multi-Peril                      |   |  |
|   | -   |  |
| 14. Crop Hail                                   |   |  |
| 15. Other                                       |   |  |
| Line of Insurance                               |   |  |
| Does filing only apply to certain territory     | (territories) or certain classes? If so, spec | cify: Yes we took reductions in the                |
|   | 12, 532, 534, 54, 56, 582, 591, 592, 60, 63   |  |
| competitive in the market place                 |   |  |
|   |   |  |
| Brief description of filing. (If filing follows | s rates of an advisory organization, specify  | y organization):                                   |
| Rate Level Revision                             |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
| *Adjusted to reflect all prior rate changes     | S.  |  |
| **Change in Company's premium level v           | vhich will result from application of new ra  | tes.   |
|   |   |  |
|   |   |  |
|   |   | Insurance Company                                  |
|   | Name  | of Company   |
|   |   |  |
|   |   |  |
|   | Don Coughennower                              | - Assistant Vice President                         |
|   |   | cial - Title                                       |

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| (1)  | (2)<br>Annual Premium   | (3)<br>Percent                        |
|--|---|---------------------------------------|
| Coverage   | Volume (Illinois)*  | Change (+ or -) **                    |
| . Automobile Liability   |   |                                       |
| Private Passenger  | \$1,426,253   | +3.3%                                 |
| Commercial   |   |                                       |
| . Automobile Physical Damage   |   |                                       |
| Private Passenger  | \$1,237,884   | +3.9%                                 |
| Commercial   |   |                                       |
| . Liability Other Than Auto  |   |                                       |
| . Burglary and Theft   |   |                                       |
| . Glass  |   |                                       |
| . Fidelity   |   |                                       |
| . Surety   |   |                                       |
| . Boiler and Machinery   |   | <del> </del>                          |
| . Fire   | ·   |                                       |
| . Extended Coverage  | <del></del>   |                                       |
| . Inland Marine  |   |                                       |
| Homeowners   |   |                                       |
| Commercial Multi-Peril   |   | · · · · · · · · · · · · · · · · · · · |
|  | <del></del>   |                                       |
| Crop Hail  |   |                                       |
| Other -  |   | <del></del>                           |
| (Line of Insurance)  |   |                                       |
| es filing only apply to certain territory  |   | es? If so, specify:                   |
| No, the filing applies to all territories  |   | zation                                |
| ef description of filing. (If filing follow  | vs rates of an advisory organi  |                                       |
| of description of filing. (If filing follow cify organization): Revise base rate   | vs rates of an advisory organi  |                                       |
| No, the filing applies to all territories  ef description of filing. (If filing follow ecify organization): Revise base rate nend Manual Pages.                                  | vs rates of an advisory organi  |                                       |
| ef description of filing. (If filing follow  | vs rates of an advisory organies. Revise rating factors. Shen premium   |                                       |
| ef description of filing. (If filing follow<br>cify organization): Revise base rate<br>end Manual Pages.  Reflects 2004 page 14 direct writte<br>Change in Company's premium le  | vs rates of an advisory organies. Revise rating factors. Shen premium vel which will s.                             | ift Symbol-Model Year.                |
| ef description of filing. (If filing follow<br>cify organization): Revise base rate<br>end Manual Pages.  Reflects 2004 page 14 direct writte<br>Change in Company's premium le  | vs rates of an advisory organies. Revise rating factors. Shen premium vel which will s.                             | ift Symbol-Model Year.                |
| ef description of filing. (If filing follow<br>cify organization): Revise base rate<br>end Manual Pages.  Reflects 2004 page 14 direct writte<br>Change in Company's premium le  | vs rates of an advisory organies. Revise rating factors. Shen premium vel which will s.                             | ift Symbol-Model Year.                |
| of description of filing. (If filing follow<br>cify organization): Revise base rate<br>and Manual Pages.  Reflects 2004 page 14 direct writte<br>Change in Company's premium lev | vs rates of an advisory organies. Revise rating factors. She can premium vel which will s.  Liberty Insurar Name of | ift Symbol-Model Year.                |

| (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Iliinois)*</u> | (3)<br>Percent<br>Change (+ or -) ** |
|--|--|--------------------------------------|
| Automobile Liability   |  |                                      |
| <ul> <li>Private Passenger</li> </ul>  | \$32,886,340                                       | +3.0%                                |
| Commercial   |  |                                      |
| 2. Automobile Physical Damage  |  |                                      |
| <ul> <li>Private Passenger</li> </ul>  | \$30,633,102                                       | +2.9%                                |
| Commercial   |  | <del></del>                          |
| 3. Liability Other Than Auto   |  |                                      |
| 4. Burglary and Theft  |  |                                      |
| 5. Glass   | -  |                                      |
| 5. Fidelity  | ·····  |                                      |
| 7. Surety  |  |                                      |
| B. Boiler and Machinery  |  |                                      |
| 9. Fire  | · · · · · · · · · · · · · · · · · · ·              | -                                    |
| ). Extended Coverage   |  |                                      |
| I. Inland Marine   |  |                                      |
|  |  |                                      |
| 2. Homeowners  |  |                                      |
| 3. Commercial Multi-Peril  |  | ·                                    |
| 4. Crop Hail   |  |                                      |
| 5. Other -<br>(Line of Insurance)  |  |                                      |
| (and or moderation)  |  |                                      |
| pes filing only apply to certain territor  No, the filing applies to all territori |  | es? If so, specify:                  |
|  |  |                                      |
| ief description of filing. (If filing follorecify organization): Revise base rat   |  |                                      |
| mend Manual Pages.   |  |                                      |
| * Reflects 2004 page 14 direct writt ** Change in Company's premium le             | evel which will                                    |                                      |
| result from application of new rate  | 75.  |                                      |
|  |  | Insurance Company                    |
|  | Liberty Mutual Fire                                | Insurance Company<br>Company         |

Official - Title

| Change in Company's | s premium | or rate | level | produced | bу | rate |
|---------------------|-----------|---------|-------|----------|----|------|
| Revision effective  | 12-7-05   |         |       |          |    |      |

|     | (1)  | (2)<br>Annual Premium                   | (3)<br>Percent           |
|-----|--|---|--------------------------|
|     | <u>Coverage</u>                            | Volume (Illinois)*                      | <u>Change (+ or -)**</u> |
| 1.  | Automobile Liability                       |   |                          |
|     | Private Passenger                          | 69,583                                  | -6.34%                   |
|     | Commercial                                 | • |                          |
| 2.  | Automobile Physical Damage                 |   |                          |
|     | Private Passenger                          | 36,403                                  | -3.75%                   |
|     | Commercial                                 |   |                          |
| 3.  | Liability Other Than Auto                  |   |                          |
| 4.  | Burglary and Theft                         |   |                          |
| 5.  | Glass                                      |   |                          |
| 6.  | Fidelity                                   |   |                          |
| 7.  | Surety                                     |   |                          |
| 8.  | Boiler and Machinery                       |   |                          |
| 9.  | Fire                                       | 14.114                                  |                          |
| 10. | Extended Coverage                          |   |                          |
| 11. | Inland Marine                              |   |                          |
| 12. | Homeowners                                 |   |                          |
| 13. | Commercial Multi-Peril                     |   |                          |
| 14. | Crop Hail                                  |   |                          |
| 15. | Other                                      |   |                          |
|     | Line of Insurance                          | ·                                       |                          |
|     |  |   |                          |
| Doe | es filing only apply to certain te         | rritory (territories) or ce             | rtain                    |
|     | sses? If so, specify:                      |   |                          |
| No  |  |   |                          |
|     |  |   |                          |
|     |  |   |                          |
|     | ef description of filing. (If filing       |   | sory                     |
|     | anization, specify organization)           |   |                          |
|     | eral revision of tier and term             |   | assigments.              |
| Red | uction of foreign license sur              | enarge.                                 |                          |
| * A | ljusted to reflect all prior rate changes. |   |                          |
|     | nanges in Company's premium level which v  | vill                                    |                          |
| re: | sult from application of new rates.        |   |                          |

Mendakota Insurance Company

Name of Company

Director

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## **SUMMARY SHEET**

|  |  | 12/19/05 new; 2/19/06 renewal              |
|--|--|--|
| (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u> | (3)<br>Percent<br><u>Change (+ or -)**</u> |
| Automobile Liability Private     Passenger Commercial                            | \$3,595,396  | 9.98%                                      |
| Automobile Physical Damage   | φο,οοο,οοο   | 3.0070                                     |
| Private Passenger Commercial   | \$3,700,608  | 12.08%                                     |
| Liability Other Than Auto  |  | 12.0070                                    |
| Burglary and Theft   |  |  |
| 5. Glass   |  |  |
| 6. Fidelity  |  | · · · · · · · · · · · · · · · · · · ·      |
| 7. Surety  | · · · · · · · · · · · · · · · · · · ·              |  |
| 8. Boiler and Machinery  |  |  |
| 9. Fire  | <del></del>  |  |
| 10. Extended Coverage  | · · · · · · · · · · · · · · · · · · ·              |  |
| 11. Inland Marine  |  |  |
| 12. Homeowners   |  |  |
| 13. Commercial Multi-Peril   |  |  |
| 14. Crop Hail  |  |  |
| 15 Other   | _  | · · · · · · · · · · · · · · · · · · ·      |
| 15. Other Line of Insurance  |  |  |
|  | erritories) or certain classes? If so, specify     | r: No                                      |
| Brief description of filing. (If filing follows changing base rates and factors. | s rates of an advisory organization, spec          | cify organization): In this filing we are  |

### **SUMMARY SHEET**

| Change in Company's premium or rate level produced by rate revision effective | 01/01/06 | Renewal : | Business |
|---|----------|-----------|----------|
|   | 17/01/05 | New Busi  | ness     |

|        | (1)   | (2)<br>Annual Premium                                | (3)<br>Percent           |
|--------|---|--|--------------------------|
|        | Coverage  | Volume (Illinois)*                                   | <u>Change (+ or -)**</u> |
| 1.     | Automobile Liability                                    |  |                          |
|        | Private Passenger                                       | \$93,551   | 0                        |
|        | Commercial  |  |                          |
| 2.     | Automobile Physical Damage                              | · · · · · · · · · · · · · · · · · · ·                |                          |
|        | Private Passenger                                       | \$69,896   | 0                        |
|        | Commercial  |  |                          |
| 3.     | Liability Other Than Auto                               |  |                          |
| 4.     | Burglary and Theft                                      |  | <del></del>              |
| 5.     | Glass   |  |                          |
| 6.     | Fidelity  |  |                          |
| 7.     | Surety  |  |                          |
| 8.     | Boiler and Machinery                                    |  |                          |
| 9.     | Fire  |  |                          |
| 10.    | Extended Coverage                                       |  |                          |
| 11.    | Inland Marine   |  |                          |
| 12.    | Homeowners  |  |                          |
| 13.    | Commercial Multi-Peril                                  |  |                          |
| 14.    | Crop Hail   |  |                          |
| 15.    | Other   |  |                          |
|        | Line of Insurance                                       |  |                          |
| Does f | iling only apply to certain territory (te               | rritories) or certain classes? If so, specify        | /: <u>NO</u>             |
| Brief  | description of filing. (If filing follows<br>SEE FILING | rates of an advisory organization, specify<br>LETTER | organization):           |

- \* Adjusted to reflect all prior rate changes.
  \*\* Change in Company's premium level which will result from application of new rates.

Regent Insurance Company Name of Company

Paul H. Schulte-SVP-Personal Lines Operations Official - Title

H29219D

|                   | Change in Company's premium  | or rate level produced by                  | y rate revision effective _ | December 15, 2005                   |
|-------------------|--|--|-----------------------------|-------------------------------------|
|                   |  | (2)<br>Annual Premium<br>Volume (Illinois) | (3) Percent Change (+ or -) |                                     |
| 1.                | Automobile Liability Private Passenger Commercial                                | \$4,969,980                                | 0.0%                        |                                     |
| 2.                | Automobile Physical Damage<br>Private Passenger<br>Commercial                    | \$3,633,540                                | 0.0%                        |                                     |
| 3.<br>4.          | Liability Other Than Auto<br>Burglary and Theft                                  |  |                             |                                     |
| 5.<br>6.<br>7.    | Glass<br>Fidelity<br>Surety  |  |                             |                                     |
| 8.<br>9.          | Boiler and Machinery<br>Fire   |  |                             |                                     |
| 10.<br>11.<br>12. | Extended Coverage<br>Inland Marine<br>Homeowners                                 |  |                             |                                     |
| 13.<br>14.        | Commercial Multi-Peril<br>Crop Hail  |  |                             |                                     |
| 15.               | Other Line of Insurance  |  |                             |                                     |
| Doe<br>No         | s filing only apply to certain territor  | ry (territories) or certain cl             | asses? If so, specify:      |                                     |
|                   | f description of filing. (If filing follo<br>this filing we propose to offer hig |  |                             | zation):                            |
|                   |  |  |                             |                                     |
|                   |  |  | Sentinel Insura             | nce Company, LTD.                   |
|                   |  |  | _ lemife                    | o Capate                            |
|                   |  |  |                             | ial - Title<br>Capute<br>g Director |

Section 754 - EXHIBIT A - Summary Sheet (Form RF-3)

### FORM (RF-3) SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective \_Dec 19, 2005 (New Business) & Jan 8, 2006 (Renewals)\_\_\_\_

|     | (1)  | (2)                            | (3)                        |
|-----|--|--------------------------------|----------------------------|
|     |  | Annual Premium                 | Percent                    |
|     | <u>Coverage</u>  | <pre>Volume (Illinois) *</pre> | <u>Change (+ or -)**</u>   |
| 1.  | Automobile Liability   |                                |                            |
|     | Private Passenger  | 7,269,138                      | 0.9%                       |
|     | Commercial   |                                |                            |
| 2.  | Automobile Physical Damage   |                                |                            |
|     | Private Passenger  | 4,093,028                      | 6.9%                       |
|     | Commercial   |                                |                            |
| 3.  | Liability Other Than Auto  |                                |                            |
|     | Burglary and Theft   |                                | <del></del>                |
|     | Glass  |                                |                            |
| 6.  | Fidelity   |                                |                            |
|     | Surety   | <u> </u>                       |                            |
|     | Boiler and Machinery   |                                |                            |
|     | Fire   |                                |                            |
| 10. | Extended Coverage  |                                |                            |
|     | Inland Marine  |                                |                            |
|     | Homeowners   |                                |                            |
|     | Commercial Multi-Peril   |                                |                            |
|     | Crop Hail  |                                |                            |
|     | Other  |                                | <del></del>                |
| LJ. | Line of Insurance  |                                |                            |
|     |  |                                |                            |
|     | Does filing only apply to cer  | tain territory (terri          | tories) or certain         |
|     | classes? If so, specify: _no_  |                                |                            |
|     | Brief description of filing. organization, specify organiz _proposing changes to the Com | ation): _We have re-e          | valuated our rates and are |
|     | organization, specify organiz  | ation): _We have re-e          | valuated our rates         |

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

21st Century Insurance Co Name of Company

Paul Abrams, Regulatory Compliance Mgr

Official - Title

## USAgencies Direct Insurance Company Form RF-3 (Summary Sheet) Proposed Rate Filing Effective 12/13/2005

| Coverage                                     | Annual Premium<br>Volume (Illinois) *<br>As of 12/31/2004 | Percent<br>Change (+ or -)** |
|--|---|------------------------------|
| Automobile Liability Private Passanger       | 4,224,318.83  | 2.11%                        |
| Automobile Physical Damage Private Passanger | 3,315,232.97  | -4.23%                       |
| 3. Liability Other Than Auto                 | -   | 0.00%                        |
| 4. Burglary and Theft                        | -   | 0.00%                        |
| 5. Glass                                     | -   | 0.00%                        |
| 6. Fidelity                                  | -   | 0.00%                        |
| 7. Surety                                    | -   | 0.00%                        |
| 8. Boiler and Machinery                      | -   | 0.00%                        |
| 9. Fire                                      | -   | 0.00%                        |
| 10. Extended Coverage                        | -   | 0.00%                        |
| 11. Inland Marine                            | -   | 0.00%                        |
| 12. Homeowners                               | -   | 0.00%                        |
| 13. Commercial Multi-Peril                   | -   | 0.00%                        |
| 14. Crop Hail                                | -   | 0.00%                        |
| 15. Other Life of Insurance                  | -   | 0.00%                        |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

See attached cover letter

Breif description of filing. (If filing follows rates of an advisory organization, specify organization):

See attached cover letter.

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.



## USAgencies Direct Insurance Company Form RF-3 (Summary Sheet) Proposed Rate Filing Effective 12/01/2005

| Coverage                                     | Annual Premium<br>Volume (Illinois) *<br>As of 12/31/2004 | Percent<br>Change (+ or -)** |
|--|---|------------------------------|
| Automobile Liability Private Passanger       | 4,224,318.83  | 13.69%                       |
| Automobile Physical Damage Private Passanger | 3,315,232.97  | -5.28%                       |
| Liability Other Than Auto                    | -   | 0.00%                        |
| Burglary and Theft                           | -   | 0.00%                        |
| 5. Glass                                     | -   | 0.00%                        |
| 6. Fidelity                                  | -   | 0.00%                        |
| 7. Surety                                    | -   | 0.00%                        |
| 8. Boiler and Machinery                      | -   | 0.00%                        |
| 9. Fire                                      | -   | 0.00%                        |
| 10. Extended Coverage                        | -   | 0.00%                        |
| 11. Inland Marine                            | -   | 0.00%                        |
| 12. Homeowners                               | -   | 0.00%                        |
| 13. Commercial Multi-Peril                   | -   | 0.00%                        |
| 14. Crop Hail                                | -   | 0.00%                        |
| 15. Other Life of Insurance                  | -   | 0.00%                        |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

See attached cover letter

Breif description of filing. (If filing follows rates of an advisory organization, specify organization):

See attached cover letter.

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.



# ILLINOIS DEPARTMENT OF INSURANCE

### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 11/07/2005

|     | (1)  | (2)<br>Annual Premium   | (3)<br>Percent                    |
|-----|--|---|-----------------------------------|
|     | <u>Coverage</u>  | Volume (Illinois)*  | <u>Change (+ or -)**</u>          |
| 1.  | Automobile Liability Private Passenger Cemmercial                                | 2,699,398   | 3%                                |
| 2.  | Automobile Physical Damage Private Passenger Commercial                          | \$185,584   | 0%                                |
| 3.  | Liability Other Than Auto  |   |                                   |
| 4.  | Burglary and Theft   |   |                                   |
| 5.  | Glass  | ·   |                                   |
| 6.  | Fidelity   |   |                                   |
| 7.  | Surety   |   |                                   |
| 8.  | Boiler and Machinery   |   |                                   |
| 9.  | Fire   |   |                                   |
|     | Extended Coverage  |   |                                   |
|     | Inland Marine  |   | <del>-</del> :-                   |
| 12. | Homeowners   |   |                                   |
| 13. | Commercial Multi-Peril   |   |                                   |
|     | Crop Hail  |   |                                   |
|     | Other  |   |                                   |
|     | Line of Insurance  |   |                                   |
| Doe | es filing only apply to certain territory (to                                    | erritories) or certain classes? If so, specify:                         | No                                |
|     |  | ates of an advisory organization, specify organization and moving it to |                                   |
|     |  | rance scoring. The Viking Six month product will get ins                |                                   |
|     | ldtion to new rating factors with result in an over                              |   | dianico coomig for their business |
|     | indicate the rating labour man record in an over                                 | WIT OF STANDERS   |                                   |
|     | justed to reflect all prior rate changes.<br>hange in Company's premium level wh | ich will result from application of new rates.                          |                                   |
|     |  | Viking Insurance Company of   | Wisconsin                         |
|     |  |   | me of Company                     |
|     |  | Leah Hermanson- State Mana  | ger                               |
|     | DONCE  |   | Official - Title                  |

